

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **15448**

FILED MAY 10 1945

Registration District No. **2475**Primary Registration District No. **4410**

Registrar's No.

1. PLACE OF DEATH

- (a) County **Phelps**
(b) City or town **St James**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME

Laura Carpenter

3. (b) If veteran,

name war _____

3. (d) Social Security

No. _____

4. Sex **F**5. Color or race **White**6. (a) Single, widowed, married, **2** divorced **Wid**

6. (b) Name of husband or wife

Robert Carpenter

6. (c) Age of husband or wife if

alive **Dead** years

7. Birth date of deceased

12
(Month)**3**
(Day)**1862**
(Year)

8. AGE:

Years

Months

Days

If less than one day

82**2****6**

hr.

min.

9. Birthplace

St James

(City, town, or county)

mo

(State or foreign country)

10. Usual occupation

House wife

11. Industry or business

12. Name

John Craig

13. Birthplace

ad

(City, town, or county)

(State or foreign country)

14. Maiden name

Luanda Coppidge

15. Birthplace

Hy

(City, town, or county)

(State or foreign country)

16. (a) Informant

Pallie Morgan

(b) Address

St James mo

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

4-11-44
(Month) (Day) (Year)

(c) Place: burial or cremation

Masonic Cem

18. (a) Signature of funeral director

H E Luchler

(b) Address

St James mo

19. (a)

4-18-1944
(Date received local registrar)

(b)

Thasene Nickerson
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **mo** (b) County **Phelps**
(c) City or town **St James**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **9**
year **44** hour **8 00** minute **9** M.21. I hereby certify that I attended the deceased from **March 23, 1944 to April 9, 1944**
that I last saw him **4** alive on **April 9, 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage **2 wk**

Due to

Hypertension **5 yrs**

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____

(Specify type of place)

(e) Means of injury

23. Signature

William H. Brewster (D. or other)

Address

St James mo

Date signed

4/17/44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed W E Lichblud

Licensed Embalmer No. 1970

P. O. Address St James Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.